2003 S.T.A.R. TRAINING DATES

Server Training In Alcohol Regulations - In addition to					<u>FEBRUARY</u>			
responsible sales and service training, we cover Kentucky spe-			13	(9-1:30)	KY Dam	KY Dam Village St.Pk.		
cific statutes and regulations, individual liabilities as well as			18	(9-1:30)	Lexington	Ramada Inn (Paris Pk)		
Fake IDs. Class time is four and one half hours. Minimum class size is 15, maximum is 25. No one will be admitted late.			19	(9-1:30)	Frankfort	P.S.T.F.		
				20	(9-1:30)	Louisville	Holiday Inn (Hurstbrn)	
	JANUARY			25		Special request		
7	Special request		26		Special request			
	8 Special request			27		Special request		
9		Special request		MAR	СН			
14	(9-1:30)	Lexington	Ramada Inn (Paris Pk)	4	(9-1:30)	E. Kentucky		
15	(9-1:30)	Frankfort	P.S.T.F.	5	(9-1:30)	E. Kentucky		
16	(9-1:30)	Louisville	Holiday Inn (Hurstbrn)	6	(9-1:30)	E. Kentucky		
21	(9-1:30)	Bowling Green	Convention Center	11	(9-1:30)	Elizabethtown	TBA	
22	(9-1:30)	Central City	TBA			Lebanon	Citizens Bank	
23	(9-1:30)	Owensboro	Executive Inn	12	(9:30-2)			
28	(9-1:30)	N. Kentucky	Signature Inn	13	(9-1:30)	Richmond	Perkins Center	
29	(9-1:30)	N. Kentucky	Signature Inn	18	(9-1:30)	Lexington	Ramada Inn (Paris Pk)	
30	(9-1:30)	Maysville	French Quarter	19	(9-1:30)	Frankfort	P.S.T.F.	
<u>FEBRUARY</u>			20	(9-1:30)	Louisville	Holiday Inn (Hurstbrn)		
4		Special Request		25		Special request		
5		Special Request		26		Special request		
6		Special request		27		Special request		
11	(9-1:30)	Hopkinsville	Holiday Inn	We can take requests for your business as 'On Site' training if you				
12	(9-1:30)	KY Dam	KY Dam Village St.Pk.	can organize a minimum of 15 attendees. Please call to discuss specifics with Sandra and set up a training date.				
			TIT Dain vinage St.1 k.	specif	ics with Sandra a	na set up a training da	ue.	

OFFICE USE

CONFIRMATION SENT /

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL 1003 Twilight Trail, ATTN: Education Frankfort, Kentucky 40601-8400 502-564-4850 502-564-7479 (fax)

0	INDIVIDUAL
0	GROUP

NAME	SOCIAL SECURITY #		
BUSINESS (NAME & ADDRESS)		BOARD ORDERED	YES NO
STREET/ P.O. BOX			
CITY	ZIP		
PHONE			
SESSION DATE & TIME REQUESTED			
SPECIAL NEEDS? (i.e., HANDICAP ACCESS)			

INCLUDE THIS FORM ALONG WITH PAYMENT OF \$25.00 PER PERSON, **CHECK OR MONEY ORDER**, PAYABLE TO: **KENTUCKY STATE TREASURER** TO THE ADDRESS AT TOP OF THIS REGISTRATION FORM. YOUR CONFIRMATION CARD WILL BE SENT TO THE ADDRESS LISTED ABOVE AS SOON AS REGISTRATION IS PROCESSED.

FOR GROUP REGISTRATION, PLEASE INCLUDE A LIST OF EMPLOYEE NAMES AND INDICATE THE DATE THEY WISH TO ATTEND.